EXHIBIT C

E-Filed On 12/8/06

FORM 810 (Official From 1 9094 04)

ENLIED STATES BANKRUPTCY COURT DISTRICT OF NE	PROOF OF CLAIM -CHAPTER						
Sur e l Tebiar	Cartanha Direct Lender	c'ha pac precintras;					
USA Commercial Mortgage Company	06-10725 LBR						
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1943 reveal of the administrative expresse may be filled participal to 11 to 5.C. Section 303							
anie if Creditor (The person or other entity to whom the debtor wes money or property)	() Chock box if you are aware that anyone else has filed a proof of						
JACK J. BEAULIEU REVOCABLE LIVING TRUS DATED (9/1/94)	Attach copy of statement giving particulars. These box if you have never						
Jack J. Heavilley, Trustee 2502 Palma Vista Avenue Las Vegas, NV 89121	received any notices from the hankrupacy court in this case. [] Check box if the address differs from the address on the envelope send to you by the court.						
California Corporation	Check here if this claim I reptaces [] amends a previously f	ited claim, dated					
BASIS FOR CLAEM Foods with Services performed Services performed Services performed Services performed Services Servic	BASIS FOR CLAEM Reserve best files as defined in 11 U.S.C. § 11.4(a)						
X. Channegligence, Misrepresentation							
full or part of your claims is secured or entitled to priority also complete fter Check this box if claim includes success, or other charges in addition of all interest or additional charges.	n 3 or 7 below	s Homezed statement					
5 Secured Claim. If C heck this but if your claim is sociated by collateral (including a right of setoff)	7 Unnecured Priority Chains. () Check this box if you have an une						
Amount of arrearge and other charges at time case filed included in yeared claim, if any	Amount enutled to priority \$ Specify the priority of the claim If Wages, salaries, or commissions up to \$4,925° earned within 90 days before fing of the bankinghey pention, or cessation of the debtor's business, whichever is earlier. If U S C § 50°(a)(3) If Contributions to an employee benefit plan. If U S C § 507(a)(4) If p to \$2,225° of disposits toward surchase lease or restal of property or services for personal famely or household use. If U S C § 50°(a)(6) If Alimony maintenance or support oved to a sposite former spouse or						
b Laucured ton Priority Claim	Child- II U.S.C. § 507(a)(T) [] Taxer or penalties owed to governmental units. II II S.C. § 507(a)(I) [] OTHER Specify applicable penagraph of II U.S.C. § 507(a)(II)						
\$37,500.00	*Ameunts are subject to adjustment on 4/1/ after with respect to cases commenced on W	•					
C redits. The amount of all payments on this claim has been credited and de naking this proof of claim. Supporting documents. Strock copies of supporting documents such as a rivers. Inspires, items ed statements of funning accounts, contributionary agreements and evidence of perfection of lies. OO NOT SEND Of the documents are not available explain. If the documents are self-immous to. Date-Stamped cop. To receive an acknowledgment of the filing of your cast addressed envelope and a copy of this proof of claim. Date. Stamped cop. The secret and print the name and ritle, if my cast and print the name and ritle in the name and ritle, if my cast	promissory notes purchase udgments, mortgages RIGINAL DOCUMENTS If a stack a suntenery laim, enclose a stamped,	(This space for court use)					
	SAN WILLIAMS SCANN ESQ	USA CMC					

Case 06-10725-awz Doc 8/170	-3 Er	stered 06/16/11 15.	17·15 Par	ne 3 of 8
UNITED STATES BANKRUPT CY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM		
Name of Debtor	Case Number		ł	
USA Commercial Mortgage Company	06-107	'25-LBR	[
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		.Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address 11321242034634 COPPLE, LOIS 3660 GRAND AVE DES MOINES IA 50312	1	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (513) 279 - 20 20		Court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Chock here replace of this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (fill out below)	Other claims against services (not for loan balances)
Services performed Taxes	Last four	digits of your SS #		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 41, 105	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations				he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is	a right of setoff) Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	· 1	DOD, OD_
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	a	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits towa services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	듣	Taxes or penalties owed to go Other Specify applicable part		•
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	50,00	00,00 \$		\$ 50,000.00
AT TIME CASE FILED (unsecured)		secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	•	, and the second		, ,
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts, court judgments mortgages security a DOCUMENTS If the documents are not available, explain. If the do	<i>iments,</i> su agreement locuments	ich as promissory notes, pures s and evidence of perfection are voluminous attach a sui	chase orders, inv of lien DO NO mmary	roices itemized statements of IT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, compared to the complete that the complete the complete that the complete the complete that	, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente t Franklin Avenue		ILED OCT 0 4 2006
El Segundo CA 90245-0911		do CA 90245		
DATE SIGN and print the name and title if any of the		r other person authorized to file		
this claim (attach copy of power of attorn	ney irany)			USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	nt for up to	5 years or both 1811SC 88	152 AND 3571	1072500425

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM		IM IS SCHEDULED AS	
Name of Debtor	Case Nu	mber	Schedule/Claim ID	s31845	
USA Commercial Mortgage Company			Amount/Classificati	on	
USA Commercial Mongage Company	06-10725-LBR		STESS WINDOW	5/98 Secured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating	The amounts reflect	red above constitute your claim as	
Name of Creditor and Address JOYCE E SMITH TRUST DATED 11/3/99 C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR LAS VEGAS NV 89135 1548	001113	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address on the address on the envelope sent to you by the	scheduled by the Do you agree with the a other claim against this proof of claim E If the amounts sho Unliquidated or Di filed	abtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file iXCEPT as stated below own above are listed as Contingent sputed a proof of claim must be ady filed a proof of claim with the or BMC you do not need to file again.	
Creditor Telephone Number () 762 - 246 - 800 7-		court		E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies Pack 2296	debtor	Clieck liefe	places or a previously nends	filed claim dated	
1 BASIS FOR CLAIM] Betiree	benefits as defined in 11 L	ISC § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes	Wages	salaries and compensations and compensations are digits of your SS #		Other claims against servicer (not for loan balances)	
Money loaned Other (describe briefly)		compensation for services	performed from	to	
				(date) (date)	
2 DATE DEBT WAS INCURRED 4-15-05		COURT JUDGMENT DAT		a time case tiled	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	it best descr	SECURED CLAIM	nount of the claim at the	s time daso mod	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority UNSECURED PRIORITY CLAIM		Check this box a right of setoff Brief descriptio) n of collateral	red by collateral (including	
Check this box if you have an unsecured claim all or part of which is					
entitled to priority Amount entitled to priority \$		Value of Collate	eral \$ <u> 0 ,</u> je and other charges	s at time case filed included in	
Specify the priority of the claim	r	Up to \$2 225 of deposits			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	L s	Up to \$2 225 of deposits services for personal farm Taxes or penalties owed t	ily or household use 1	1030 9307(a)(7)	
business whichever is earlier 11 U S C § 507(a)(4)	[Other Specify applicable	paragraph of 11 U S C	§ 507(a) ()	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to with respect to cases corr	adjustment on 4/1/07 ai imenced on or after the	nd every 3 years thereafter date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED (unsecured)	101	981,98 \$ (secured)	(pnority)	\$ 101, 981, 98 (Total)	
Check this box if claim includes interest or other charges in addition to	the princip		ch itemized statement	of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been c 7 SUPPORTING DOCUMENTS Attach copies of supporting de running accounts contracts court judgments mortgages, securit DOCUMENTS If the documents are not available explain. If the	ocuments, tv agreem	such as promissory notes ents and evidence of perfo	purchase orders in ection of lien DO N	ivoices itemized statements of	
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim	the filing o	of your claim enclose a sta	amped self address		
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships	pm, preva	illing Pacific time, on No	sts and	THIS SPACE FOR COURT USE ONLY	
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC C Attn U 1330 E	ISACM Claims Docketing East Franklin Avenue	RY TO Center	FILED OCT 3 1 2006	
El Segundo CA 90245 0911 El Segundo CA 90245 USA CMC					
DATE SIGN and print the name and title if any of this claim (attach copy of power of at	forney if an	y)		# ##	
Myc E 180	nith	truster			
Penalty for presenting fraudulent claim is a line of up to \$500 000 or imprisonr	ment for up t	to 5 years or both 18 U S C	§§ 152 AND 3571		

Case 06-10725-gwz Doc 8470-3 Entered 06/16/11 15:17:15 Page 5 of 8

LORM B19 (Official Form 10) (10/05) United States Bankruptev Court - District of Nevada PROOF OF CLAIM Name of Delvor Case Number **USA COMMERCIAL MORTGAGE COMPANY** BK-S-06-10725-LBB NOTE: This form should not be used to make a close for an administrative expense, arising after the commencement of the case A "request for payment of an administrative exponse may be filed pursuant to 11 1 S C § 503 Name of Creditor (The person or other entity to whom the debior uses Check boy if you are aware that money of property) anyone else has filed a proof of Layne Family Trust, Bruce & Sherry Layne claim relating to your claim trick cop, of statement ground natuculars Name and auktross where notices should be sent Layne, Bruce & Sherry Check box if you have never c/o Lawrence D. Rouse Esq received any numbes from the 523 S. 8th Street bankruptev court in this case Las Vegas, NV 89101 Check box if the address differs from the address on the envelope vent to you by the court. Liephone number (702) 387-1800 This Space is for Court I so Only I am 4 thems of account or other monober by which cardinor identifies debius Chook here O replaces Li this claim a previously filed claim dated ___ unends I Basis for Claum ☐ Goods told Retiree benefits as defined in 11 USC § 1114(a) Nervices performed D Wages salancs, and compensation (fill out below) Moncy loaned Last four digits of SS # __ ☐ Personal injury/wrongful death Unpaid compensation for services performed ☐ Taxes __ to Other. (date) (date) 2. Date debt was meurred: 3 If court judgment, date obtained-4-14-05 4. Classification of Claim. Check the appropriate box or boxes that describe your closer and state the amount of the claim at the time case tiled. 5% stores, eds for important explansitions Secured Claum Unsecured Vengments Chins Chook this box if your claim is secured by cultakind (meloding a right of entat). Check this box of a) there is no collateral or lieu sections your claim. Brief Description of Collateral or b) your claim exceeds the value of the property securing it Keal hytere 🔲 Womer Vebrille 🔲 Omer or c) none or only part of your claim is contiled to priority Value of Collateral \$ 240,000 00 Unsecured Priority Classic. Check that but if you have an unoccured claim, all or pair of which is untitled to property Amount of arrestage and other charges at tune Amount entitled to paronis \$ case filed included in the secured claim, if any: S vp-lity the protesty of the claim. □ Dom-sic support obligations under H U.S.C. § 507(4)(1)(A) or (a)(1)(B) ☐ Up to \$2,225* of deposits toward purchase, lease or tental at property or services for personal family in household use - LIUSC \$ 50"(a)(7) ☐ Wages values or commissions inp to \$10,000} * carned within 180 days before filing of the bankruptcy persons or cessation of the I l'axes or penalties owed to governmental units (1 U 5 C & 507(x)(8) d-biol s business, whichever is emiter - 11 U.S.C. § 50"(a)(4) Other Specity applicable paragraph of 11 USC § 507(u-(Considución do as employes besefic plas 11 (15 (1. § 507/2)(5) * Anomalis are subject to adjustment on 4/1977 and ever, I we see here often med respect to cause commenced we or other the state of adjustment 5 I otal Amount of Claim at Time Case Filed. \$ 240,000 00 240,000 00 (unsecured) (secured) (promity) (Tutal) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach remixed statement of all title test or additional charges 6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making This Space is for Court Use Only Supporting Documents: Attach copies of supporting documents, such as promissing notes, purchase orders, invoices, nemired statements of minning accounts contracts bound judgments managages security agreements, and nearlence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS. If the documents FILED NOV 0 9 2006 are not available explain if the documents are suburninous attach a summary 8 Date Stamped Cupy forecerve an acknowledgment of the tiling of 3 our claim, enclose a stamped cif-addressed envelope and copy of this proof of claum Dara Sign and prost the name and talk, if any of the credit it or other person is there ed to ble USA CMC the liver for the later of the tree of street and 11-7-06 Bruce and Sherry Layne, Trustees Layne Family trust

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	PROOF OF CLAIM DIRECT LENDER					<u> </u>		
Nam	e of Debtor	CLARITY STATES OF STATES OF A STATES OF A	Case Nu	mber				
USA	Commercial P	fortgage Company	06-10)725-LBR				
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	LAS VEGAS NV 89	8 17		Check box if to		If you have air!	edy filed a proof	of claim with the
<u> </u>				envelope sent to y court,	dn på gra di sid	E .		not need to file again
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ł	esta Murietta	•	iliog design	Check here if this daim	replac	a previously	filed claim date	ed
	SIS FOR CLAIM		Retiree t	erretts as define	d in 11 US	C \$ 1114(a)	Unremitte	ed principal
	Goods sold	Personal injury/wrongful death	☐ Wages :	salanes, and com	pensation (fill out below)		ims against service om belences)
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2. DA	TE DEBT WAS INCUR			OURT JUDGMEN	VT, DATE C	BTNNED	(/	(date)
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ı	reverse side fa important	•		SECURED	CLAIM			
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,	• • • •	mione (up to \$19 000)* earned within 180	· · ·	services for person	onal, family,	p household use -1	U.S.C 4507()(7).
، لــا	atom filing of the buntarypi	ley petition as connection of the debtor's fee 11 U.S.C. § 507(a)(4).		Taxos @ penellis				
		se benefit plan - 11 U S C \$ 507(a)(5),	L			agraph of 11 USC		
				with respect to or		stment on 4/1/07 an roud on or after the	date of activation	vnt.
5. TO	TALAMOUNT OF CLA TIME CASE FILED	VM \$ 5.000.00	2 OND MOI	1.5	\$		_\$ <u>5,00</u> 0	0.00
		(unaucured) udes interest or other charges in addition	**	ecured) amount of the claim	n. Attach ite	(priority) mized statement ()	f all interest or a	(Total) additional charges.
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7 SU	PPORTING DOCUM	JENTS Attach copies of autoporting its, court judgments, mortgages secusuments am not available, explain. If	<u>documents,</u> su inity agreement	ich as promissory s, and evidence o	notes, pur perfection	chase orders inverse of item. DO NO	oices, itemized	dstatements of INAL
8 D#		Y To receive an acknowledgment					lenvelope and	copy of this
AC fo	CEPTED) so that it is each person or entity	pleted proof of claim form must be actually received on or before 5 00 y (including individuals, partnershi) pm. prevaljin	g Pacific time, o	n Novemb	er13 2006		CEFOR COURT SEONLY
8°	vernmental unite). MAIL TO: IC Group		BY HAND	OR OVERNIGHT D	ELIVERY TO	,		
Att	n USACM Claims Doc	keting Center		up ،CM Claims Dock				
P	O Box 911 Segundo, CA 90245-09	_	1330 Eas	t Franklin Avenue		į		
DATE		SIGN and tripl the name and title. If any,	of the conditor of	de CA 90245	rized to file		USA CI	MC
	12/8/06	this captin (attach capy of hower of	storney, it any	The second secon		1	107250159	

Case 06-10725-gwz Doc 8470-	3 Fn	tered 06/16/11 15:1	7:15 Pag	e 7 of 8
SUBSTREE STATES FAUGRUPTO COURT		OF OF CLAIM		
Name of Debtor	Case Nur	mber	ı	
USA Connecide Moy Co	04	6-10725 (LBR)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expearising after the commencement of the case. A 'request' for payment of administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address 11321241000801 ROBERT J REINER ROTH IRA 4643 CORDOBA WAY OCEANSIDE CA 92056-5105	ense	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS
		differs from the address on the envelope sent to you by the court	Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 760 - 726 - 7019 Last four digits of account or other number by which creditor identifies de	ehtor			E IS FOR COURT USE ONLY
Fresm Devec NT	CDIO	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Consect performed Toyer	-	alaries, and compensation (f	ill out below)	Other claims against service (not for loan balances)
Money loaned	Unpaid o	ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED	3 IF CC	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that the control of				ne time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) yi	our claim	Lane I	our claim is secure	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ır claım ıs	a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of	_	[7] or
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	J Motor Venicle	Other
Amount entitled to priority \$			d other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to gov		
business whichever is earlier ~ 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan 1103 C § 507(a)(5)		* Amounts are subject to adjus with respect to cases commend		
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(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach iter	(priority) nized statement of	(Total) all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts, court judgments, mortgages security agreements are not available, explain. If the documents are not available, explain.	<u>nents,</u> su greements	ch as promissory notes purc and evidence of perfection	hase orders invo	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of yo	our claim enclose a stamped	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co governmental units)	prevailing prporation	g Pacific time, on Novembe ns, joint ventures, trusts an	er 13, 2006 d	THIS SPACE FOR COURT USE ONLY
Attn USACM Claims Docketing Center	BMC Grou Attn USA	CM Claims Docketing Center	F	ED OCT 04 2006
		Franklin Avenue o CA 90245	j	USA CMC
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned)		other person authorized to file		
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Case 06-10725-gwz Doc 8470-3 Entered 86/16/11.15:45-15 47age 8 of 8

UNITED STATES BANKRUPTCY COURT	Dis	TRICT	OF_N	EVADA	PROOF OF CLAIM
Name of Debtor		Number			
	USA COMMERCIAL MORTGAGE Co. 06-10725				
NOTE. This form should not be used to make a claim for an administrative expense me	strative exp y be filed	pursumnt	ung after to 11 U.	the commencement S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	clsc	has file	d a proof	aware that anyone of claim relating to	
THE WILDWATER LIM. PART	givii	ng partic	culmrs.	opy of statement	<u> </u>
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HENDERSON, NV 89052 Telephone number (702) 492-1271		ress on t court.	he envelo	pe seat to you by	THE SPACE IS HOR COURT USE ORBY
Last four digits of account or other number by which creditor			repla		Electrical details
identifies debtor	ii th				filed claim, deted:
1. Basis for Claim GENERAL UNSE	ECURE D				n 11 U S C. § 1114(a) neation (fill out below)
Goods sold Services performed Chaim - Chass	4		Last four	digits of your SS	F
☐ Money loaned	-		•	-	ervices performed
Texes A/6 CLICANIE & FRANCE		•	rom	(date)	to(date)
2 Date debt was incurred: JAN 1, 2005	3.	If co	ert judg	nent, date obtain	ed:
TO APRIL 12, 2006					
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.	unt best des		per claim ared Cla		net of the claim at the time case filed
Unsecured Nonpriority Claim \$ 88,605		Secre			m so essented by collectoral (molyclone
Check this box if a) there is no collateral or hen securing you b) your claim exceeds the value of the property securing it, or if c)	r claim, or none or	a ng	ht of acto	A)	n is sectioned by colleteral (including
only part of your claim is entitled to priority				escription of Collat Estate Mot	
Unsecured Priority Claum Check this box if you have an unsecured claim all or part of which is Value of Collateral \$					
entitled to priority	MINCO 19	-		earage and other,c	harges at tune case filed included in
Amount entitled to priority \$	_				purchase, lease, or rental of property
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (nces for p		household use - 11 U S C.
(a)(1)(B)		Taxes	or penalti		mental units - 11 U.S C § 507(a)(8)
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy patition or cessation of the debt business, whichever is earner - 11 U.S.C. § 507(a)(4)	tor's		•	• •	ph of 11 U.S.C. § 507(2)()
business, whichever is earlier - 11 U.S.C. § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
5. Total Amount of Claim at Time Case Filed:	\$		60		88,605
(unecused) (secured) (priority) (Total) Check this how if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6. Credits. The amount of all payments on this claim has been	credited i	and ded	ucted for	the purpose of	THIS SINCE IS HIR COURT USI, ONLY
making this proof of claim. 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase					
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security					
agreements, and evidence of perfection of Item DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary					
8. Date-Staraped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-					FILED JAN 11 2007
addressed envelope and copy of this proof of claim. Date Sign and print the name and this, if any, of the creditor or other person authorized to					
file this claim (attach output of attorney if any).					
Proces C Laton & ATH FOR GLALANT					
Penulty for presenting fraudulant claim. How of up to \$500,000 o				wars or both 181	USA CMC

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